

Epidural procedure

You can choose to have an epidural once you are having regular painful contractions that are opening your cervix.

Before the procedure, your midwife will monitor your baby's heartbeat, and a drip will be placed into a vein to give you extra fluids or medications if you need them.

The anaesthetist will talk to you about the procedure and answer any questions as part of the consent process. You will be asked to sit or lie in a curled up position and keep very still, while the epidural is being inserted.

Your skin on your lower back is cleaned and numbed and a small hollow needle is passed through the skin and into the epidural space near your spine.

A very fine soft plastic tube (catheter) is threaded through the hollow needle, and then the needle is removed leaving the tube in place so that the medication can continue to be given via the pump when you need it. The epidural takes about 20 minutes to be fully effective.

How to find out more

If you would like to find out more information about epidurals, talk to your lead maternity carer (LMC) or childbirth educator. If you have any specific health problems that you think may affect an epidural, ask your midwife to refer you to an anaesthetist.

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Epidural (Low Dose) Pain Relief in Labour



What is an epidural?

An epidural is an injection of local anaesthetic (pain relieving drugs) into the space around the spinal nerves in your back to block pain from contractions. It is inserted by a specially trained anaesthetic doctor. Epidurals are a generally safe, effective, and commonly used form of pain relief, with about half of all first-time parents choosing to have one.

Some people plan to have an epidural as part of their birth plan. Other people prefer to use other options for coping with pain or wait and see how they manage the pain at the time.

You can change your mind in labour so it is helpful to be well-informed beforehand.

Moving around

The epidural medication mostly numbs the pain nerves and not the movement nerves so you should be able to move around your room.

Most people are able to move their legs but it depends on how you respond to the medication.

Moving around helps you get more comfortable and means you can get to the toilet more easily.

Benefits of having an epidural

- Having an epidural is generally safe, and lasting complications are extremely rare
- Most people who have chosen an epidural have said that it gives good pain relief
- Eight out of ten people say they would have one for their next birth
- You are not more likely to need a caesarean birth if you have an epidural
- If you do need to have a caesarean, your epidural can usually be used as the anaesthetic for your surgery
- Having an epidural should not affect your baby when they are born
- Having an epidural is not associated with long term back pain
- Having an epidural does not affect your ability to breastfeed

Risks of having an epidural

- You may need medication to keep your contractions going
- Your blood pressure may drop, making you feel sick or dizzy. Low blood pressure may affect the blood supply to your baby causing their heartbeat to change, however, this can be treated with fluids or medications
- Epidural drugs can sometimes make your skin itch; this is temporary and can be treated
- You may find it difficult to pass urine and need a tube in your bladder to help you pass urine
- The pain relief may be patchy for about one in every ten people with an epidural. The anaesthetist can change the position of the epidural catheter or the drug dosages to help with this
- About 1 in 100 people get a headache, and occasionally it is severe enough to need treatment and a longer hospital stay
- Occasionally, numb patches remain, lasting up to around 3 months
- Permanent injury, such as paralysis is extremely rare (1:100,000- 1:250,000)